

TRAVEL EXPENSE CLAIM

See Instructions and *Privacy
Statement on separate docushare
document

Page 1 of 1 Pages

CLAIMANT'S NAME Victoria L. Bradshaw				SSAN OR EMPLOYEE NUMBER*				DEPARTMENT Labor & Workforce Dev Agency			
POSITION				BARGAINING UNIT				DIVISION OR BUREAU Office of the Secretary			
RESIDENCE ADDRESS*				HEADQUARTERS ADDRESS 801 K Street, Suite 2101				EMPLOYEE MIO or 4-DIGIT MAIL SERVICES CODE 916-327-9064			
CITY				STATE CA				ZIP CODE 95814			

(1) MONTH/YEAR 03/10	(2) DATE Date	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
				BREAKFAST	LUNCH	O.T./L.T. RELO. or DINNER		(A) COST OF TRANS	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE Miles Amount			
1	1600	Sac-Ont-PSprings	123.49			18.00			PC		11	\$5.510		147.000
2	1346	PSprings-Ont-Sac		6.00					PC	9.00	11	\$5.510		20.510
3	0500 1532	Sac-SanDiego-Sac		6.00				40.00	PC T	9.00	22	\$11.020		66.020
10	0630 1400	Sac-MtView-Sac							PC		255	\$127.500		127.500
12	0735 1830	Sac-Ontario-Sac							PC	9.00	22	\$11.020		20.020
15	0500 1500	Sac-Salinas-Sac		6.00					PC		360	\$180.000		186.000
24	1200 2000	Sac-SanJose-Sac				18.00			PC		266	\$133.000		151.000
25	1100 1930	Sac-Fresno-Sac				18.00			PC		328	\$164.000		182.000
SouthWest and United Airlines via State contract														
(10) SUBTOTALS			123.49	18.00		54.00		40.00		27.00	1275	\$637.560		\$900.05
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													\$900.05	

(11) PURPOSE OF TRIP: REMARKS AND DETAILS (Attach receipts/vouchers when required)	(11A) Summary						(12) NORMAL WORK HOURS
	Description/ Cost Center	Exp. Code	Debit Amount	Project Code	Activity Code	For Fiscal Use Only	
	3/1-2 w/Gov, CA Jobs Initiative event						
	3/3 CA Jobs at Kyocera						
3/10 w/GovMicrosoft Elevate America event							(13) PRIVATE VEHICLE LICENSE
3/12 w/Gov Ca Jobs at Skechers event							
3/15 w/Gov in Salinas homebuyer tax credit							
3/24 w/Gov Green Tech sales tax/Nanosolar							
3/25 w/Gov HomeownersTaxCredit Granville							(14) MILEAGE RATE CLAIMED \$0.500
						AGENCY ACCOUNTING OFFICE USE ONLY	
						PAID BY REVOLVING FUND CHECK NUMBER	

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirement as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE [Signature]	DATE 4-1-10	(16) SIGNATURE OF AGENCY ACCOUNTING OFFICE [Signature]	DATE 4-6-10
(17) SIGNATURE AND TITLE OF AUTHORITY FOR EXPENSES (See Item 17 on reverse)		DATE	